

**Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions**

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number      E-mail (510) 272-3882      crystal.hishida@acgov.org			
		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title Disney on Ice Face Value of Each Admission \$ 32.10

Description Kids Event Date(s) 03 / 02 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors  
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☒ No ☐ If yes: Lockyer, Nadia- Supervisor District 2  
 Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	
Watanabe, Makiko	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a community volunteer for her service to the public.	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

**3. Verification**

I have verified that the distribution of admissions, set forth above,

MICHELLE DIANDA

Ticket Administrator

Print Name

Title

3/1/12  
 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)